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ACUPUNCTURE CARE FOR A PATIENT WITH SUBACUTE COUGH PRESENTING WITH WIND-COLD PATHOGEN INVASION SYNDROME: A CASE STUDY AT CAHAYA CLINIC, TANJUNGPINANG

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Abstract:

Background: Cough is a vital protective respiratory reflex; however, when persistent, it severely disrupts physical comfort, nocturnal sleep architecture, and daily functional performance. While pharmacological antitussives and expectorants are commonplace, acupuncture represents an increasingly explored non-pharmacological modality in respiratory healthcare.

Objective: To describe the clinical implementation, syndromic differentiation, and therapeutic outcomes of acupuncture care in a patient presenting with subacute cough at Cahaya Clinic, Tanjungpinang. Methods: A qualitative clinical case study design was conducted involving a 36-year-old male private employee who presented with a two-week history of productive cough aggravated by nocturnal cold exposure. Clinical data were gathered via a Client Data Sheet across the four diagnostic methods: inspection (Wang), auscultation and olfaction (Wen), inquiry (Wen), and palpation (Qie). The participant underwent six planned acupuncture sessions commencing on 5 March 2026. The therapeutic strategy aimed to expel Wind-Cold pathogens, diffuse Lung Qi, and resolve phlegm utilizing points LU 7 (Lieque), LU 6 (Kongzui), BL 12 (Fengmen), BL 13 (Feishu), and Dingchuan (EX-B 1) combined with cupping.

Results: Across the six sessions, qualitative observations demonstrated progressive clinical resolution: daytime and nocturnal cough paroxysms ceased, thin white sputum resolved, pharyngeal pruritus (throat itching) disappeared, and sleep quality was fully restored. Palpation of Feishu (BL 13) showed complete resolution of baseline tenderness, while radial pulse normalized from floating-slow to moderate and balanced.

Conclusion: Acupuncture care combined with cupping was associated with marked symptomatic relief and restorative comfort in a patient with Wind-Cold cough. Nevertheless, because this was an uncontrolled single-case study findings describe individual clinical progress and cannot establish generalizable treatment efficacy.

Keywords: Acupuncture care; Case study; Cough; Cupping; Lung Qi; Wind-Cold syndrome

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1. INTRODUCTION

Cough is an essential physiological defensive reflex designed to clear secretions, noxious irritants, and foreign particulates from the tracheobronchial tree, thereby preserving pulmonary airway patency (Sari et al., 2022). Despite its protective function, persistent or unmanaged cough serves as a primary vector for respiratory pathogen transmission and frequently incurs substantial systemic physical and psychosocial complications that degrade individual and public health (Das et al., 2026; Schattner, 2020). Clinically, cough is categorized chronologically into acute (<3 weeks), subacute (3–8 weeks), and chronic (> 8 weeks) presentations (Das et al., 2026). Large-scale international epidemiologic surveys underscore its high burden: across the United

States, chronic cough affects approximately 18% of the adult population, notably driven by tobacco consumption (Das et al., 2026), whereas European cohorts spanning 18,277 productive-age individuals document nocturnal cough in 30% of respondents, with expectoration and dry cough reported in 10% each (Imran et al., 2025). In Indonesia, community-based surveys estimate cough prevalence at roughly 15% among pediatric populations and 20% among adults, representing one of the leading complaints encountered in primary outpatient facilities (Septiana et al., 2025).

Although frequently trivialized as a self-limiting symptom, the systemic sequelae of recurrent or persistent cough extend across musculoskeletal, cardiovascular, and neuropsychiatric domains (Schattner, 2020). The mechanical shearing forces generated during paroxysmal coughing can induce chest and abdominal wall soreness, rib microfractures, headaches, and sleep fragmentation (Jacobs, 2020). Furthermore, because cough produces loud, disruptive acoustic interruptions, affected individuals frequently experience social embarrassment, frustration, depressive moods, and withdrawal from professional and communal gatherings (Jacobs, 2020). In outpatient settings such as Cahaya Clinic in Tanjungpinang, Riau Islands, patients often present with debilitating subacute cough that impairs work performance and nocturnal rest following failed or incomplete self-medication.

Conventional medical management relies upon four main pharmacological classes: antitussives (for dry, non-productive cough), expectorants, mucolytics (for productive sputum), and over-the-counter herbal syrups (Calvina et al., 2025). However, pharmacological therapies carry notable limitations: centrally acting antitussives (e.g., codeine or dextromethorphan) pose risks of sedation, drowsiness, and constipation, while empirical over-the-counter drug misuse can mask underlying pulmonary conditions or precipitate adverse interactions (Calvina et al., 2025; Septiana et al., 2025). Consequently, non-pharmacological modalities such as acupuncture are increasingly sought. From a neurophysiological perspective, manual and thermal acupoint stimulation modulates sensory vagal afferent hypersensitivity, downregulates substance P and calcitonin gene-related peptide (CGRP) within airway tissues, and promotes parasympathetic-sympathetic balance, thereby restoring airway smooth muscle relaxation (Efendy et al., 2025; White, 2004).

Within Traditional Chinese Medicine (TCM), cough (Ke Sou) is primarily conceptualized as an impairment in the dispersing (Xuan) and descending (Jiang) functions of Lung Qi, precipitating upward rebellious Qi movement (Maciocia, 2008). Pathophysiologically, acute and subacute presentations frequently arise from external pathogenic invasion, predominantly Wind-Cold (Feng Han), which attacks the superficial Wei Qi and enters via the Taiyang and Feishu pathways (Maciocia, 2008). Although clinical case literature demonstrates favorable outcomes with acupuncture, notable knowledge gaps persist regarding the granular practice-based documentation of combined manual acupuncture and cupping for subacute respiratory complaints in Indonesian coastal outpatient environments.

2. METHODS

2.1 Research Design

This study utilized a qualitative clinical case study design to examine the application and therapeutic progression of acupuncture care. In contrast to exploratory sociological case studies, a clinical case study in traditional medicine functions as a systematic clinical report documenting individual patient assessment, TCM syndromic differentiation, protocolized acupoint selection, and serial observational evaluations adhering to professional practice standards (Saryono, 2010).

2.2 Participant and Case Information

The participant was a 36-year-old male private corporate employee residing in Tanjungpinang, Riau Islands Province. He presented to Cahaya Clinic with a primary complaint of persistent productive cough lasting approximately two weeks (subacute onset). The cough paroxysms were aggravated at night and during cold atmospheric exposure, accompanied by thin white sputum, throat pruritus, mild chest tightness, and severe sleep disturbances. He had a medium physique, fair complexion, and dulled eye vitality due to insomnia.

2.3 Research Setting and Time

The study was conducted at Cahaya Clinic, situated in Tanjungpinang City, Riau Islands Province, Indonesia. The intervention commenced on Thursday, 5 March 2026, and comprised a total of six planned acupuncture sessions.

2.4 Research Procedures

Clinical management was conducted through four structured stages. First, a comprehensive diagnostic evaluation was performed using the Four Examinations of Traditional Chinese Medicine (inspection, listening and smelling, inquiry, and palpation) to identify the patient's symptoms and determine the Wind-Cold cough pattern. Second, treatment principles and an individualized acupuncture plan were established based on the diagnostic findings, focusing on expelling Wind-Cold, regulating Lung Qi, relieving cough, and eliminating sputum. Third, sterile acupuncture needles were inserted at the selected acupoints according to the established treatment plan, accompanied by cupping therapy as an adjunctive intervention to support symptom relief. Finally, post-session monitoring was conducted by observing changes in cough frequency, sputum production, respiratory comfort, and the patient's general condition. Treatment progress was documented to evaluate the patient's clinical response throughout the intervention (Maciocia, 2008).

2.5 Data Collection Techniques

Data were collected prospectively using a standardized Client Data Sheet (LDK) based on TCM diagnostic methods (Si Zhen): Wang (inspection of facial complexion, eye shen, breath sound, and tongue body/coating); Wen (auscultation of cough resonance and olfaction of breath); Wen (inquiry into diurnal cough timing, thermal preference, thirst, and sleep patterns); and Qie (palpation of the back-shu acupoint Feishu [BL 13] and radial artery pulse).

2.6 Research Instruments and Acupoint Selection

A structured acupoint formula was implemented based on classical pulmonary therapeutics (Maciocia, 2008): LU 7 (Lieque), LU 6 (Kongzui), BL 12 (Fengmen), BL 13 (Feishu), and Dingchuan (EX-B 1), augmented with fire cupping over the upper thoracic back. Evaluations were documented through narrative qualitative observations.

2.7 Data Analysis

Data analysis followed qualitative descriptive reduction and comparative synthesis. Narrative clinical observations recorded at baseline (Session 1, 5 March 2026) were contrasted directly against findings documented at the concluding evaluation (Session 6) to establish symptomatic trajectories across pulmonary and somatic domains.

2.8 Scope and Limitations of the Research Used

This study described the clinical implementation, TCM diagnosis, and outcomes of combined acupuncture and cupping in a 36-year-old male with subacute Wind-Cold cough at Cahaya Clinic, Tanjungpinang. Six sessions were conducted starting on 5 March 2026, evaluating cough frequency, sputum, throat discomfort, sleep quality, and TCM findings.

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Limitations included the single-case design, absence of a control group, and lack of objective respiratory measurements. Informed consent, confidentiality, voluntary participation, and the right to withdraw were maintained.

3. RESULTS AND DISCUSSION

3.1. Result

Acupuncture care served as the primary clinical intervention for this case. This targeted therapy was delivered specifically to treat a subacute Wind-Cold cough. The entire therapeutic course was structured and carried out across six planned sessions. In addition to primary needling, adjunctive cupping was incorporated into the treatment plan. A complete summary of these combined interventions is presented in Table 1. Within this table, the specific protocols designated for the acupuncture therapy are documented. Table 1 provides an organized overview of the full clinical protocol and its underlying rationale.

Table 1. Acupuncture Point Formula, Channel Association, and Therapeutic Rationale

Acupuncture Point	Meridian / Channel	Therapeutic Action / Clinical Rationale	Technique / Modality
Lieque (LU 7)	Lung Meridian (Hand Taiyin)	Luo-connecting point; expels Wind-Cold, releases the exterior, diffuses Lung Qi	Manual Acupuncture (Needling)
Kongzui (LU 6)	Lung Meridian (Hand Taiyin)	Xi-cleft point; clears acute Lung Qi obstruction, relieves chest tightness and cough	Manual Acupuncture (Needling)
Fengmen (BL 12)	Bladder Meridian (Foot Taiyang)	Gate of Wind; dispels external pathogenic Wind-Cold, releases superficial exterior	Acupuncture & Cupping
Feishu (BL 13)	Bladder Meridian (Foot Taiyang)	Back-Shu point of Lung; regulates and tonifies Lung Qi, resolves phlegm, stops cough	Acupuncture & Cupping
Dingchuan (EX-B 1)	Extra Point (Back / Neck)	0.5 cun lateral to GV 14; specifically calms dyspnea, relaxes bronchi, arrests coughing	Manual Acupuncture (Needling)

Source: Clinical intervention records at Cahaya Clinic, Tanjungpinang, 2026.

Table 2. Comparison of Clinical Diagnostic Findings Between Session 1 and Session 6

Diagnostic Domain	Session 1 (Baseline: 5 March 2026)	Session 6 (Conclusion)	Clinical Status
Chief Complaint	Productive cough for 2 weeks, thin white sputum, worse at night/cold	Cough paroxysms ceased; sputum completely resolved	Resolved
Associated Symptoms	Throat pruritus (itching) and mild subjective chest tightness	Throat itching absent; chest clear without tightness	Resolved
Inspection (Wang)	Pale complexion, dulled eye vitality, weak cough resonance; pale-pink tongue with thin white coating	Fresh, alert complexion, bright eye vitality; normal pink tongue with thin white coating	Marked Improvement
Auscultation & Olfaction (Wen)	Frequent coughing heard during prolonged speech; breath odor normal	Cough sounds absent during speech; normal respiratory sounds	Resolved

Inquiry (Wen)	Nocturnal cough exacerbation, preference for hot drinks, cold intolerance, fragmented sleep	Sleep uninterrupted, normal thermal tolerance, appetite and vitality high	Resolved
Palpation (Qie)	Mild tenderness upon palpation of Feishu (BL 13); floating and slow pulse (Fu Chi)	Complete absence of tenderness at Feishu (BL 13); moderate, harmonious, stable pulse	Resolved/ Normalized

Source: Client Data Sheet documentation, 2026.

As delineated in Table 2, the six-session acupuncture intervention achieved marked clinical alleviation across multiple functional domains. By the sixth session, cough paroxysms ceased, sputum production resolved completely, pharyngeal itching subsided, and nocturnal sleep quality was restored without interruption.

3.2 Discussion

Six sessions of combined acupuncture and cupping were associated with resolution of subacute cough in a 36-year-old male with Wind-Cold syndrome. Improvements included reduced coughing, elimination of sputum, relief of throat irritation and chest tightness, and reduced back-shu tenderness. These findings are consistent with previous studies suggesting that acupuncture may improve respiratory symptoms and quality of life (Efendy et al., 2025; Suzuki et al., 2012; Brinkhaus et al., 2017; White, 2004).

According to TCM theory, Wind-Cold invasion disrupts Lung Qi dispersing and descending functions, resulting in cough and sputum production (Maciocia, 2008). Acupuncture at LU 7 and LU 6, combined with cupping at BL 12 and BL 13, aimed to expel external pathogens and restore Lung Qi circulation (Maciocia, 2008; Sim, 2021). From a biomedical perspective, these interventions may modulate sensory nerve pathways, reduce cough reflex hypersensitivity, and influence neurogenic inflammation (Das et al., 2026; White, 2004). Lifestyle modifications, including avoiding cold drinks and maintaining body warmth, may also have contributed to recovery. Although the findings suggest potential benefits of combined acupuncture and cupping for subacute cough, the single-case design limits causal conclusions and generalizability. Further controlled studies are needed to confirm their effectiveness.

3.3 Implications

Acupuncture care represents an accessible and viable complementary modality for patients suffering from subacute cough, particularly those experiencing adverse effects or inadequate relief from conventional cough syrups. Primary healthcare providers and acupuncturists can adopt the combined point formula (LU 7, LU 6, BL 12, BL 13, Dingchuan) as a standard clinical guideline for Wind-Cold respiratory presentations.

3.4 Research contribution

This report provides an empirical descriptive account of meridian point selection and cupping therapy in Tanjungpinang, Riau Islands, offering baseline reference data for future clinical trials investigating non-pharmacological cough interventions.

3.5 Limitations

The study limited to a single participant without a control group, standardized cough severity assessment, or objective respiratory function measurements. Therefore, the observed improvements cannot be attributed exclusively to acupuncture or generalized to other patients.

3.6 Suggestions

Future studies should conduct randomized controlled trials employing validated cough scoring diaries, incorporate spirometric lung function assessments, record adverse events systematically, evaluate long-term symptom recurrence, and secure formal Institutional Review Board (IRB) ethical approval.

4. CONCLUSION

A six-session course of acupuncture care incorporating LU 7, LU 6, BL 12, BL 13, and Dingchuan combined with cupping was associated with marked clinical resolution in a 36-year-old male with subacute Wind-Cold cough at Cahaya Clinic, Tanjungpinang. The treatment effectively eradicated cough paroxysms, cleared sputum, relieved throat pruritus, and restored restful sleep.

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AUTHOR CONTRIBUTIONS STATEMENT

R: Conceptualization, Methodology, Investigation, Data curation, Formal analysis, Writing original draft, editing, and project administration. AP, PW, IA: Supervision, Methodology, Validation, Writing review.

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